



MONTHLY DONATION FORM

MONTHLY DONATION AMOUNT: \$ _____

NAME: _____

ORGANIZATION: _____

POSITION: _____

ADDRESS: _____

CITY/TOWN: _____

PROVINCE: _____

POSTAL CODE/ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

Mail in completed form with payment to the address above.

Do not send cash through the postal service - cheque or money order will be accepted.